Whether a CKD clinic or program is well established or in an earlier stage of development, this section can help a nephrology team further advance its goals.

The subsection titled “Planning: A Stepwise Process,” can assist the team in assessing the progress that the clinic has made. It can also aid in determining additional goals that the team can focus on. This piece contains information to help program administrators and practitioner teams complete the following five steps to a successful CKD program:

- Generating a vision
- Developing outcomes
- Identifying gaps in an existing program
- Developing action steps for a CKD clinic or program
- Developing a comprehensive action plan

This toolkit contains several items that are valuable for nephrologists desiring better collaboration with a referring network of physicians. Collaboration with referring physicians (primary care physicians, internists, cardiologists, endocrinologists, and diabetologists) is essential for developing a successful CKD clinic or program. Workforce studies clearly show that the number of nephrologists and nephrology practitioners is insufficient to care for the nearly 20 million US patients with various stages of CKD. Successful collaboration requires education of referring physicians on CKD issues and excellent communication between nephrology practitioners and collaborating physicians.

Marketing a CKD program is also important. To address that need, a CKD clinic or program brochure template and cover letter are included. To aid communication between practitioners about specific patient needs, a template letter to referring physicians introducing a CKD management program is available. Finally, it is important that good communication take place between the nephrology practitioner and the patient. A patient scheduling letter template, highlighting the specific benefits of the CKD program, is also included.

Successful collaboration requires education of referring physicians on CKD issues and excellent communication between nephrology practitioners and collaborating physicians.

One vital component of many CKD clinics is an anemia management program. However, many practitioners have questions about the logistics of administering an anemia management program with erythropoietin and iron. Practitioners also face challenges in communicating anemia management plans to referring physicians. In addition, there are communication tools and the CKD Patient Assessment Forms to facilitate consistent communication with your referring physician base.
**What Should the Program Look Like in 1, 3, and 5 Years?**

The goals of a comprehensive, multidisciplinary CKD clinic may include:

- Delay the progression of CKD
- Improve the health of CKD patients with better management of coexisting diseases
- Increase patient survival rate
- Establish optimal vascular access prior to RRT
- Optimize patient education and empowerment
- Reduce health care costs

**Planning: A Stepwise Process**

*There are several planning steps that should take place before the actual program components are developed.*

1. **Generating a Vision**

   It is useful for a team to envision what the program should look like in the future, using incremental stages, such as one, three and five years. The exercise of creating a vision for a clinic or program is a valuable process. It will help the team to develop consensus on the overall goals of the program. Generally, a concise vision statement is written to describe these overall goals. Vision statements will not be the same among different CKD clinics because of the variable nature of patient populations, patient needs, practitioners, and program or clinic sites. One example of a vision is:

   Our clinic will provide comprehensive chronic kidney disease care through patient empowerment and education, a multidisciplinary team approach, and excellent communication with our patients and their primary care practitioners.

2. **Developing Outcomes**

   Once the vision statement is complete, more specific program outcomes can be developed. Remember, this is not the stage at which the specific action steps to accomplish these outcomes are identified.

   Clinical team members may feel very comfortable developing clinical management guidelines and determining how to deliver care in a CKD clinic, but new programs are rarely successful if the planning team does not simultaneously develop a business model or plan. In this era of managed care and increased focus on fiscal responsibility, it is imperative that a planning team consider the business aspects of managing a clinic. To help a team develop outcomes for a new CKD clinic or program, a fairly comprehensive list of outcomes for successful CKD clinics and programs is included at the end of this section. These outcomes pertain to the three categories listed previously. It is important to note that a clinic or program does not need to include all of the listed program outcomes. Indeed, a team may develop other outcomes that are not listed. Every CKD program will have a unique vision and different issues to consider.
3. Identifying Gaps in an Existing Program

Once a team establishes the main outcomes for the CKD program, the next step is to perform a gap assessment. A gap assessment allows the team to assess the difference between where a program is currently and where it wants to be in the next 1, 3, and 5 years. When considering gaps, it is important to note the reasons for the gaps, when applicable. This helps when the team reaches the action plan stage, when required resources are identified. A gap analysis may also help to identify other issues that should be addressed before further planning can be accomplished.

4. Developing Action Steps for a CKD Clinic or Program

Once the team has identified CKD program outcomes and determined the gaps between the current program and the desired program, it is time to develop action steps. This stage of planning is the time to more specifically determine how the program will accomplish the main outcomes that the team agreed on. At this point, the team will have a list of the desired outcomes as well as the results from the gap analysis.

The first task is to write down the specific step(s) that will need to be accomplished to meet each outcome. For example, a team determines that one of the mean outcomes for their new CKD clinic is to improve the current continuous quality improvement (CQI) process and include measurements of the effect of implementation of new clinical practice guidelines. Their current clinic has a CQI program on paper; however, last month when the hospital quality improvement committee asked for data to show that anemia management of CKD patients was improving in the clinic, it became apparent that nobody had been entering patient hemoglobin measurements into the CQI program. In addition, the current computer software is not comprehensive enough to support CQI for new initiatives, such as screening of patients at risk for CKD and diabetes management of CKD patients. These issues were identified through the gap analysis. Specific action steps that may be necessary for this program to achieve the desired outcome include:

• Communicating the need for an improved comprehensive CQI process to the clinic director and the QI committee
• Contacting the hospital information management director to further develop the current software to include data relevant to the new clinical practice guidelines
• Determining if there will be a cost to the clinic for additional programming, and if so, where the resources will come from to pay the cost
• Educating all clinic patient care technicians about their responsibility to input data into the computer, and showing them what specific values need to be entered

It is important that resources for accomplishing action steps be identified at this stage. Where possible, the team should identify where the resources will come from. If additional resources are necessary, a plan for how these resources will be obtained must be developed.
5. Developing a Comprehensive Action Plan

The final step is to assemble all of the program’s outcomes and necessary action steps. At this point, the main components of an action plan are identified. There is a comprehensive list of clinic and program outcomes along with a set of action steps for each outcome. There are identified, specific resources that will be necessary to accomplish each step; if possible, where the resources will come from has also been identified. To put the finishing touches on a comprehensive action plan and to ensure the successful implementation of a team’s plan, two more pieces need to be in place. For each action step, the team should designate a person who will be responsible for accomplishing the step. In addition, a timeline should be established for each step and ultimate outcome. Implementation of the action plan should take a staged approach. The entire plan does not need to be put in place all at once! Determine priority outcomes and implement these first. The team leader should be charged with routinely assessing the status of each outcome. The team should have regularly scheduled meetings to review assessments and make additions, deletions, or changes to the plan as necessary to accomplish the stated outcomes. It should be expected that alterations will be made to the plan over time.

Conclusion

In Summary:

- Generate a vision
- Develop outcomes
- Identify gaps in an existing program
- Develop action steps for CKD clinic or program
- Develop a comprehensive action plan

Following through on this stepwise process will help to ensure that the development of a new CKD clinic or program will be successful!
Consultants

Kahlid Al Talib, MD
Medical Director
Franklin Square Hospital
Baltimore, Maryland

Gail Collins
President
Sceptre Management Solutions
Broken Arrow, Oklahoma

Ann Compton, MSN, FNP-C, CNN
Nurse Practitioner
Division of Nephrology
Virginia Commonwealth University Health Systems
Richmond, Virginia

Jeffrey Fink, MD
Assistant Professor, Departments of Medicine (primary) and Epidemiology (secondary)
Division of Nephrology
University of Maryland School of Medicine
Baltimore, Maryland

Michael Germain, MD
Associate Professor of Medicine
Tufts University School of Medicine
Medical Director
Baystate Medical Center
Renal Transplant Program
West Springfield, Massachusetts

Melodi Licht, RN, MSN
Consultant
Orange, California
William McClellan, MD
Medical Director, Health Services Research
and Clinical Coordinator
Georgia Medical Care Foundation
Atlanta, Georgia

Suanne Petroff, FNCS, FNP, CN
Director of Nephrology Nurse Practitioners
Western New England Renal and Transplant Associates
West Springfield, Massachusetts

Robert Provenzano, MD
Clinical Associate Professor of Medicine
Wayne State University School of Medicine
Chief, Section of Nephrology
Program Director of Nephrology
Director of Nephrology Research
Director of Acute Dialysis Services
St. John Hospital and Medical Center
Detroit, Michigan
Kris Robinson  
**Executive Director**  
*American Association of Kidney Patients*  
Largo, Florida

**Ajay Singh, MD, MBA**  
**Clinical Director, Renal Division**  
**Director, Dialysis Services**  
**Medical Director, KidNE Renal Disease Management**  
*Brigham and Women’s Hospital*  
*Associate Professor of Medicine*  
*Harvard Medical School*  
Boston, Massachusetts

**Kim Solez, MD**  
**Professor of Pathology**  
*University of Alberta*  
**Director, NFK cyberNephrology**  
*Edmonton, Alberta*  
Canada

**Richard Solomon, MD**  
**Section Chief**  
**Division of Nephrology**  
*University of Vermont*  
Burlington, Vermont

**Pam Vaughn, RNP**  
**Nurse Practitioner**  
**Division of Nephrology**  
*Hennepin Faculty Associates*  
*Nephrology Pharmacy Associates*  
*Minneapolis, Minnesota*

**Nephrology Pharmacy Associates**  
**George R. Bailie, PharmD, PhD**  
**Professor of Pharmacy Practice and Adjunct Professor of Medicine**  
*Albany Colleges of Pharmacy and Medicine*  
Albany, New York

**Curtis A. Johnson, PharmD**  
**Professor of Pharmacy and Medicine**  
*University of Wisconsin-Madison*  
Madison, Wisconsin

**Nancy A. Mason, PharmD**  
**Clinical Associate Professor of Pharmacy**  
*University of Michigan*  
Ann Arbor, Michigan

**Wendy L. St. Peter, PharmD**  
**Associate Professor of Pharmacy**  
*University of Minnesota*  
Minneapolis, Minnesota
Editorial Assistance
Accel Health
New York, New York